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Remarks on the General Pathology of Fever. By JOHN P. HARRISON, M. D. *Louisville, Ky.*

THE following remarks are the substance of a lecture, delivered in the Louisville Hospital, to the students of medicine attending the wards, for clinical instruction; at whose solicitation a short series of lectures, on the etiology, pathology, and treatment of that congenerous class of diseases which prevail during our summer and autumnal months, was delivered.

On a subject so difficult and intricate as the present topic of discussion, it would be improper for any one to dogmatize. Very few, if any, escape the misleading influence of those *idola*, which have erected their shrine in every breast; and which, in a greater or less degree, abstract that homage to themselves, which the mind should unreservedly offer at the altar of truth. I am aware that much vain and unprofitable speculation has been indulged in, by physicians, in their discussions on the pathology of fever, and it may look like temerity in me to make an attempt to "flex Ulysses' bow" when more herculean powers have failed. But let us recollect "that these waters only give out their healing qualities," as the eloquent Burke says, on a similar occasion, "by being agitated."

Pathology, as its compound Greek derivation imports, taken in a comprehensive sense, means, a discourse on disease; and includes in its sweeping horizon, Etiology, or a knowledge of the causes of disease; Symptomatology, or the symptoms by which we discriminate one affection from another; Semeiology, or the signs of disease by which we are led to infer its benign or malignant tendency; and Necrotomy, or post mortem examinations, by which we are conducted through the patent evidences of organic lesion, to the site of the morbid action.

But in the investigation of the subject matter under discussion, I shall restrict my views to the following proposition. Fever is an idiopathic affection of the whole system, converging, however, its action, in many instances, upon particular organs, and has its origin in disordered function.

It will be readily conceded by every one, any way versant with pyrectic phenomena, that the whole economy becomes concerned in the irregular movements which arise in fever, and that functional action is, *pari passu*, deranged with the intensity and danger of the attack.

Now the brief question comes up for inquiry.—Is fever dependent on a local origin in all instances, or does it ensue from a disturbed action of the system, generally?

We know nothing of fever separate and apart from the symptoms present during life, and the signs of organic change, left after its fatal termination.

To arrive at a fair explication of the pathology of fever, in the broadness and entireness of its general aspect, we must likewise study its etiology and semeiology, as well as its symptomatology and necrotomy. But this would lead us into a field of speculative inquiry, far too extensive to be traversed in a single short essay. I will, therefore, confine my remarks to the proofs afforded by the symptoms, and post-obit appearances, for sustaining me in the position which has been taken.

The theories of fever are as numerous as the progeny of Banquo. In reading the gossamer pages of some past theorists, where thought scarcely has any stable foundation, on which to build its edifice of truth, we fondly turn to the present, but are ready to exclaim,

"What! will the line stretch out to the crack of doom!
Another yet?"

and we are almost constrained to utter,

"I'll see no more."

But let us recollect that *mens agitat molem;* that without this pervading spirit of inquisitive research, the mass of facts gathered by the hand of experience, would be a *mere nudis indigestaque moles.*

I shall not attempt to discuss the previous opinions entertained on this subject, nor exalt myself into the chair of critical authority, to pass juridical sentence on the recent doctrines propagated, but will examine the subject.—1st, as regards symptomatology; 2nd, as regards the evidences revealed by dissection.

And what are the diagnostic symptoms of fever! There is not one single symptom, taken in its isolated state, that is characteristic of fever.

Neither the arterial excitement, nor sensorial disturbance, nor gastric derangement, nor condition of alvine excretions, nor state of the skin, nor thirst, nor restlessness, taken *alone*, will conduct us to a discovery of the presence of fever in the system. The reason is, that fever is known by a group of morbid manifestations, its presence being indicated by a disturbance of the entire compages of the body, and not by any one organ or part.

For a more abundant illustration on this part of the general argument. I refer to Fordyce on Fever; a work as distinguished for precise and philosophical discrimination of pyrectic phenomena, as for inertness of medical interference.

Then fever is evinced by a certain train of symptoms, such as an increased action of the ventricles of the heart; functional sensorial disturbance, arrestation of healthy action in the skin, and other secretory emunctories. One symptom may be more prominent than another, either through the whole march of the case, or it may give way to the precedency of any other symptoms. This predominancy of any one morbid phenomenon, depends on the nature of the causes, remote and exciting, the constitutional proclivity, and habits of life. Thus heat and marsh miasmata have a reference of action to the hepatic system, as is proven by the prevalence of such diseases in hot and malarious districts of country.

If a man be predisposed to pulmonary attacks from a hereditary source, then we know, that he is perpetually liable, from causes, which would play impassive on another, not thus predisposed to fall a victim to such diseases.

These examples must suffice, though many others might be readily adduced. But yet the above argumentation seems not to bear directly on the question of the proximate cause of fever. It is well, however, always to get out into open day, under a clear sky, so that we may see our path of investigation, with an unclouded vision.

I reiterate it, that fever is only known by its symptoms: that there is no such thing as fever in the abstract: there is no universal *a parte rei* in medicine—no object of cognoscence to be known *isole*, disjoined from its qualities.

Fever, then, is omnipresent. It is seen affecting the head, stomach, liver, bowels, circulation, nervous and muscular systems. Here we have the ground narrowed, and within a more limited scope, we may expatiate. Does fever arise, in every instance, from local inflammation? we answer, it does not. We must keep out of view surgical cases, where a manifest injury, or some topical hurtful agent, induces febrile action. In such instances, a clear reference of causation is quickly made. The patient himself recognises the origin of the fever, by the pain, and other indications of local inflammation. But in idiopathic fever, such as our bilious remittent fever, no such recognition or reference takes place.

A denial of the local action of hurtful influences is not necessarily involved, in a denial of the local origin of fever.

The human system is a complete circle; a unity of sentient and vascular power pervades its composite machinery. An impression upon one part may induce diseased action in the whole—or it may only excite some distant part into morbid action. Thus, cold applied to the surface may induce general febrile action; or it may first produce inflammation of the pleura, or lungs. A strong mental excitement may either occasion apoplexy, or fatal hemoptysis, or impel the general circulation into irregular movements, by which a protracted attack of fever may be induced.

Sir Astley Cooper relates several very striking instances of the influence of the mind over the body.* In one case, general fever arose in a little girl from fear, by being put into a dark cellar by her schoolmistress, which destroyed her life in a week.

The medical poet, who has so ably sung of Hygeia, "queen of every joy," appositely says, that

"'Tis the great art of life to manage well,
The restless mind."

And it is related of the celebrated Heberden, that he would never prescribe for a patient, until he was satisfied that the individual was not agitated by any strong mental influence, and that "therein the patient had ministered unto himself."

These facts form an impassible barrier to the Utopian doctrines of a recently revived, but somewhat modified system of materialism. They go to prove the position taken above, that fever is a general disease of the animal economy; and that tho' its origin is not ascribable to local inflammation, yet that the causes inducing it may act either locally or generally.

Now will it be contended, that in cases of mental perturbation, creating general fever, that inflammation first exists in the encephalon, as the primary link in the chain of febrile action, and that these facts only tend to the substantiation of the theory of the local origin of fever. But then we must make our theory of fever like Virgil's Proteus

"Omnia transformat sese in miracula rerum."

One moment we must adopt Clutterbuck's theory—the next we must agree with Cullen—and in a little time we will become an advocate of Baglini's doctrine, revived by *Broussais.* For at times the febrific agent acts on the brain and nervous system; at other times it operates on the bronchial apparatus; sometimes on the skin, and in many instances on the stomach.

Fever consists in functional derangement. Our therapeutic indications should be built on this pathology. *We must restore all the secretions.* All our remedies should make this direct appeal. When we bleed, it is to reduce that excess of action which is incompatible with the equable vascular excitement, by which the secretions are kept up in the different emunctories—or it is to preserve an important organ from destruction, and thus pioneer

* Cooper's Lectures, by Tyrrell, Am. Ed. pp. 29 to 33.

the way for the action of our other remedies. And thus I might go through the whole orbit of practical medicine, and by a full induction of particulars, exemplify and confirm the above remark. But I must hasten on to another kind of proof, which is more demonstrative, and less liable to the cavillings of disputation—the evidence drawn from post-mortem examination. I have opened many bodies which have died of fever, and in several, not one trace of organic change was discernible.

Sir A. Cooper says, that he has seen persons die of several injuries, such as blows on the stomach, fractures of the lower extremities, surgical operations, mental excitement, &c. merely from the shock communicated to the nervous system. Thus the cause, inducing fever, may act with such power as to extinguish life, without reaction ensuing. Take any one noxious agent which acts in ordinary circumstances, so as to induce a febrile reaction in the system, and apply it in a highly concentrated state to the body, and you extinguish life, *ictu solis*, by the injury inflicted on the nervous system; but let it act in a less intense degree, you then have reaction, with suppressed secretions.

Mere vascular excitement, independent of functional disorder, will not be denominated fever by any correct pathologist. A man may exert his muscular system to such a degree, either by leaping, or dancing, or toiling, and yet have no fever. Disordered function precedes vascular excitement in the majority of instances of idiopathic fever. Occasionally the increased action of the heart and arteries usher in the attack; but very seldom does excessive vascular action induce fever, unless a predisposition exists, from the agency of some remote cause.

This view of the subject ,invalidates the humoral explanations of the modus operandi of febrific causes.

Can heat enter the blood! does mental emotion, with electric celerity, change the fluids! The truth seems to be, that the doctrines of humorilism have their foundation in erroneous conceptions of the laws which govern the human body, and are at variance with the soundest therapeutic indications, which should direct and govern us in the administration of our most useful medicines. We should ever recollect, "Medicina enim neque agit in cadaver, neque repugnante natura aliquid proficit," as the eloquent Gregory has said.

In many cases we find, after death, that the brain has been the organ mainly implicated; in other instances we discover, that the stomach or liver has borne the burden of the disease.

These ravages of febrile action are only consequential to the anterior excitement brought about by disordered function. Let us not exalt effects into causes; but this has been done by too many investigators of medical truth. This is the reason that our theories of fever are so multitudinous—for I have scarcely ever witnessed two cases of fever alike, as regards the organs affected, and the intensity of their affection. In some cases the patient complains most of his head—in other instances, his stomach, &c. Accordant with these phenomena during life, are the manifestations after death.

There is a limitation put upon medical interference in disease. And what is that limit within the boundary of which, our remedial efforts may freely and beneficially exert their sway, but beyond which they become nugatory and inefficient! We may restore disordered function, but have little or no control over structural alterations. We may regulate, and even resuscitate, depraved and suspended functional or secretory action, but cannot rebuild the dilapidated, or reorganize the altered structure and mechanism of the frame. To sum up the whole argument in a brief exposition. Fever is a disease affecting the whole system, characterised by a congeries of symptoms, and has its foundation laid in disordered functional action—that the first link is nervous irritation; or in other words, the morbid cause impresses the living solid in such a way, as to actuate it into disordered function. That the second link is irregular or suspended secretory action—that this irregular or suspended functional action, induces partial determinations, and augmentation of general circulation, which partial determinations and augmentation of general vascular excitement, reciprocally operate in exacerbating disordered secretion—that the dominion of curative medicine, is over diseased functional action—that when organic lesion ensues, the secretory power is forever lost in the organ thus disorganised, and that death may ensue, either from the primary impulse of the noxious agent, by the shock imparted to the nervous system, or from a complete arrestation of functional action in some one or more of the vital organs; or from structural alteration, brought about by the partial determinations and increased momentum of the general circulation.

BIOGRAPHICAL SKETCH OF DOCTOR WILLIAM GOFORTH,

Who died in Cincinnati, May 12, 1817.

The following *Biographical Sketch* was written, ten years since, by a distinguished Medical man of this city, the former pupil of *Dr. Goforth*.

As far as we are informed, it was never printed, except on a loose sheet, designed merely for the perusal of the Doctor's friends.

The character of Doctor Goforth is too well known by the older inhabitants of this city, to require an apology for the insertion of the following paper, into the only Medical Journal west of the mountains. We flatter ourselves, that this will secure it a permanent existence, as an interesting item in the medical history of the Western states.

We consider it a duty, incumbent on us, to notice the lives and characters of our eminent Physicians, as they depart from their labours of usefulness; and from the character of this good man and excellent Physician, we consider him as a suitable personage to head the phalanx of Western medical worthies.

We have taken some pains to collect facts relative to the life and professional character of Dr. R. Allison, and hope ultimately to succeed. We have the promise of a perusal of his manuscript papers, from which we contemplate much information relative to the early history of Medicine in Ohio. And so soon as we can obtain them, we will lay, all that is medically interesting, before the public. [Ed.

Of the events inflicted on society by the hand of death, there are few which affect us more sensibly than the decease of our eminent physicians. The causes of this are numerous and well founded. Every one who has had the anguish of a painful disorder assuaged, or its fatal tendency averted, by medical skill, can readily understand why such crowds are found to swell the funeral procession of an old and respectable practitioner. It is not, however, an emotion of gratitude only that agitates us, on occasions of this sort. The death of such a man constitutes a public calamity, that is extensively felt and with difficulty repaired. A knowledge of the practice of physic is not to be obtained in the closet alone. It cannot be wholly derived from books, like grammar or mathematics; nor communicated entirely by teachers, like the dead languages or chemistry. Academic studies are, it is true, essentially necessary; but they are not all that is required; and long continued attendance on the sick, with patient observations on the phenomena of diseases, and much profound reflection, are indispensable. When thus qualified, a physician is justly regarded as an acquisition to society; and such was the excellent man whose name is prefixed to these imperfect notices.

WILLIAM GOFORTH was born in the city of New York in 1766, and about the year 1783 commenced the study of medicine under a very eminent physician, Dr. Joseph Young. While in this situation, he had access to the best additional sources of medical information which that place then afforded, particularly to the surgical lectures of the celebrated M'Knight; and his application and industry were such as gave an earnest of his future reputation. In the spring of 1786, being regarded by his preceptors as thoroughly versed in the elements of his profession, he departed in company with the Reverend John Gano, for Kentucky; whose fertility, beauty and mildness of climate were at that time the admiration of the whole United States. Upon their arrival at Maysville he withdrew from the family of his friend, (who proceeded to the interior) and established himself in the practice of physic at Washington; where he shortly afterwards married the daughter of the Reverend William Wood. Devoting himself to his profession with zeal and benevolence, he soon became distinguished; and for a period of eleven years, had the gratification of being universally esteemed.—The desire of enjoying the society of his paternal relatives, at length induced him to emigrate to the state of Ohio, then the Northwest Territory, and in June 1799 he landed at Columbia, and fixed his residence in the neighborhood of his father, the late and much lamented Judge Goforth. In the following year, Dr. Richard Allison, whose skill and humanity will long secure for his memory the highest respect, fulfilled his determination of retiring from the practice, and Dr. Goforth was earnestly solicited to succeed him. He accordingly removed to Cincinnati, and immediately acquired an extensive practice; which, had his political feelings been governed by a cool and circumspect prudence, would have rapidly increased. But a calculating discretion was never suffered to modify those actions which he conceived should flow from *principle*, as its legitimate effects, and the Doctor soon found himself embroiled in all the political struggles, which attended our transition from a territorial to a state government.

Few things could have been more unfortunate for his professional interest than this ardent devotion to the republican cause; and the reflection that he had been instrumental in facilitating the establishment of the new government, could have afforded but imperfect solace under the accumulated troubles, which a temporary neglect of his personal concerns, and the loss of several wealthy patrons brought unexpectedly upon him. His practice being, from this cause, somewhat reduced, the Doctor, in the spring of 1803, resolved on a summary mode of extricating himself from pecuniary difficulty. The project was well conceived, but badly executed; and in the end was attended with loss. The extraordinary collection of huge fossil bones at Big Bone Lick attracted his attention, and obtaining permission from the occupant, he spent more than two months in searching the morasses of that spot, and transporting to this place the curious remains which they contained. The collection was extensive and valuable; but not having the means of sending them either to the Atlantic or European cities, and being unwilling to sell them in this country at an inadequate price, they were kept on hand till the spring of 1806. At this time he inadvertantly and unfortunately delivered them to the notorious traveller, "*Thomas Ashe, Esquire*," for exhibition in Europe. They were immediately taken to Great Britain, sold, in part at least, to the proprietor of the Liverpool Museum, and the proceeds embezzled.

In the following year, contrary to the advice and pressing solicitation of his friends, the Doctor resolved on emigrating to Louisiana. He stopped for a short time at Baton Rouge, then in possession of the Spanish government, where his professional prospects were good. His romantic ideas of liberty, however, but ill prepared him for submission to inquisitorial power, and he continued his voyage to the Bayou la Fourche. Not long after establishing himself at this place, he was favored by Gov. Claiborne with the appointment of Parish Judge; the duties of which he discharged for four years. In the last year of his service he was elected to the convention for forming the constitution of the State of

Louisiana. During his visit to New Orleans, on this occasion, he made arrangements for a removal thither; but on his return, being urged by several respectable acquaintances, who resided in Attacapas, he altered his destination. Soon after his arrival on the coast he was again presented by the Governor with the office of Parish Judge; but that quarter disappointed his expectations, and in less than twelve months he left it for New Orleans. He was still there when the splendid repulse of the British army was effected; and acted during the invasion, as surgeon to one of the regiments of Louisiana militia. In 1816, having long been dissatisfied with the climate and state of society in that country, and feeling the anxiety which frequently attacks us after the meridian of life—the desire of returning to the land of our fathers and of our earlier years—he departed for this place with his family in a barge. His passage up was protracted to seven months, and attended with almost every circumstance that could embitter such an extraordinary voyage. He was joyfully received by his numerous friends on the first day of the present year, and the lapse of a very few weeks was sufficient to evince, that the political feelings of former times had subsided, and that his practice would soon become lucrative and respectable. With these cheering prospects, and in the full enjoyment of the gratifications afforded, by a more congenial state of society than that of Louisiana, he was seized in February with an inflammation of the liver, which, after great and various sufferings, terminated, on the 12th of May, his useful and chequered life.

In the social relations generally, the deportment of Doctor Goforth was amiable and highly engaging. It was, indeed, in the discharge of the social duties that he shone with the softest and steadiest lustre. Having its foundation in good temper and good sense, his politeness was neither frivolous nor sinister: it was a quality of his nature, and contributed equally to the pleasure of his friends and the gratification and cheerfulness of his patients. But his benevolence did not exhaust itself in his manners. It was, emphatically, the master spring of all his actions, and never lost its elasticity.—No man was more practicably charitable in proportion to his means: and no one more regardless of his own comfort and interests, while dispensing to the benefit and happiness of others. The number of sufferers to whom, in the long course of twenty-eight years, he administered gratuitous relief, was immense; and not unjustly entitles him, in this respect, to rank in the same class with Sydenham, Fothergill, and Rush.

In his profession Doctor Goforth was eminently practical; and no physician, perhaps in the Western Country, has treated successfully a greater number and variety of cases. It was, however in the diseases of the infirm and aged, in complaints requiring for their removal a stimulating and restorative course, that he particularly excelled.

His political principles, as already intimated, were firm, sanguine, and liberal; perfectly accordant with the spirit of our republican institutions, and unaccompanied with selfish or interested views.

As the reader of discernment must have already inferred, the Doctor spent a life of pecuniary embarrassment, and died in straitened circumstances. In vain did he uniformly experience a liberal patronage, and industriously prosecute the business of his profession: his labors gave health and comfort to others, but uniformly failed in securing a competence to himself and family. He was too indiscriminate in his charity not to relinquish a large portion of his earnings to those who were either poor or affected poverty: But this was not the only outlet to the proceeds of his industry. Honest and sincere himself, he seldom suspected the professions of others; and seemed almost incapable of realizing, by experience, that

"A man may smile, and smile, and be a villain."

He was therefore the subject of frequent impositions, by designing men, who insidiously approached him under the mask of friendship, and were, in general, but too successful in their villainous schemes.

The Doctor's native love of society gave him an exquisite relish for Masonry; and he was repeatedly heard to declare that some of the happiest hours of his life had been spent in the Lodge.—Long before his death he attained to the higher grades of knowledge and distinction in that venerable institution, and was at all times a most exemplary member. He was moreover a steadfast believer in the truths of our holy religion, and ranked among the most agreeable circumstances connected with his return to this place, the opportunities which it affords of hearing the Gospel in its native purity.

It was his desire to be interred with Masonic honors; these were accordingly superadded to the christian ceremonials, and executed in a manner that perfectly corresponded with the great respect evinced by society.

CINCINNATI;
WEDNESDAY, JANUARY 3, 1827.

Mortality of Cincinnati, for December.

Bilious fever, 2; Consumption, 1; Hooping cough, 3; Pleurisy, 1; Dropsy in the brain, 1; Inflammation of the brain, 1; Flux, 1; Fits, 1; Worms, 1; Accidental, 1, Old age, 1; Still-born, 4; unknown, 6. Adults, 5—Children, 19. Total, 24.

Ohio Medical College.

This institution has matriculated, during the present session, 82 medical students. They are from the following states; Viz.—Ohio, 60; Kentucky, 11; Indiana, 4; New York, 3; Virginia, 2; Illinois, 1; Mississippi, 1. There are ametuers, 4; one from Kentucky, and three of Cincinnati; making the total number of regulars, and amatuers, 86. The lectures are now delivered in the new college edifice.

[*Catalogue of Med. students*, 1826-7.

Ohio Medical and Philosophical Society of Cincinnati.

On Saturday evening, 23d inst. Dr. Woodward, read before the society an interesting paper on the "*Functional diseases of the liver*" which was investigated with considerable interest. On the same evening, Dr A. Wilson, house physician to the *Lunatic Asylum of Ohio*, was appointed to read a paper at the next meeting, on "*Organic diseases of the liver.*" On Saturday evening, the 31st instant, Dr. Wilson failed to read. His apology was considered satisfactory, and he was excused for that evening—but appointed to read a paper on the same subject, at the next meeting.

The society then took up the subject of Doctor Wood's paper, on the "*Pathology of Jaundice*," the discussion of which was highly interesting.

Oil of Mint.

Mr. Samuel Martindall, a respectable farmer of Ohio, brought to this market, about two weeks since, FIFTEEN HUNDRED POUNDS of *Oil of Peppermint*. Some of our most intelligent apothecaries have examined it, and pronounced it genuine. [Ed.

We have received information from different parts of the state, that an attempt was about to be made, to have the present medical law of the state, repealed. The propriety and necessity, for the different societies addressing the legislature upon that subject, is suggested; requesting that body, not to alter or amend the present state medical law, until it is revised and perfected by the general medical convention; which meets, according to law, on the second Monday of December, 1827. [Ed.

A list of the officers of the "*Sixteenth Medical district Society of Ohio*," for 1826-7.

President—*Benjamin Dickson.*
Vice president—*Isaac Parker.*
Secretary—*Joel F. Martin.*
Treasurer—*William Farmer.*
Censors. *Anderson Judkins, David Stanton, John McBean, John McCracken, John Andrews.*

N. B. We shall be pleased to receive, for publication, the names of all officers, of the different medical societies of the state. [Ed.

Communicated for the Repository.

Dr. Wright.

Sir—The following method of treating *Tinea capitis* was communicated to me, by Dr. J. Williams, of Rhode-Island. To its superiority over all other modes of treating this loathsome disease, with which I am acquainted, I can with confidence attest:—having, in repeated instances, witnessed its salutary effects.

In any treatment of *Tinea capitis*, cleanliness will aid much in the cure. It is well known that, in this disease, the growth of hair is astonishingly rapid; therefore the head should be *daily* shaved, and washed with soap and water. Take sulphate of iron and arsenious acid, equal parts; dissolve each in separate quantities of water; mix and boil them in a glass vessel, fifteen or twenty minutes, or until a decomposition of the sulphate of iron takes place.—Then filter the solution, and an arsenite of iron remains, which must be dried.

Prepare some plastic adhesive plaster, and spread it upon soft pliable leather, then sprinkle the pulverized arsenite of iron, slightly over it.

Shave and clean the head completely, and apply the plaster in pieces of one or two inches square; two or three of these plasters are to be applied at one time; commencing at some fixed point of the head.

At the expiration of thirty-six or forty-eight hours, the parts on which the plasters were placed, will puff or rise to the thickness of the finger; this effect is desirable, and until it takes place, the plasters must not be removed. But when effected, the plaster must be suddenly removed, when it will bring with it the hairs, removing them from their origin, leaving behind the morticule from which new hairs will be regenerated.

If there should be a few remaining hairs, after the plaster is removed, they should be removed by a pair of tweezers; *not one should be left*; this can be readily done, for all are either loose, or entirely detached by the plaster.

In a few days these parts will be found perfectly healthy, and eventually covered with a finer growth of hair than the individual formerly had.

In this manner proceed, until the whole diseased part of the scalp has been plastered.

If any ill effects should arise from the absorption of the arsenic, it will be perceived by a sallow countenance, and a puffy bag-like appearance beneath the eyes. In this case the plaster must be removed for a day or two, and when reapplied, it must be over a less extent of surface.

This disease may be considered entirely local, no injury resulting to the constitution by its immediate cure; even where it has been of many years duration.

In one case that came under my notice, the patient had been afflicted for some years; it extended nearly over the whole scalp.

It was successfully treated in the above method; no unpleasant circumstances occurred throughout the treatment, nor since. It is now two years, and the cure appears permanent.

Yours, &c.
W. PECK, M. D.

New York, Dec. 10, 1826.

Medical Fees.

In every country, Physicians are valued, according to the healthy or unhealthy condition of the place; and medical fees, are more or less, in proportion to the demand or importance of medical services.

The price of one visit, varies, in different parts of the United States, from twelve and a half cents, to five dollars; and the practice of "*disputing doctors bills*" is as common in these districts, as where five dollars is exacted.

A sick man will give, whilst dangerously ill, his whole fortune, let it be more or less, to be cured; but when cured, the importance of medical services and skill degenerates astonishingly.

Whilst he despairs of recovery, or during his paroxysms of pain or distress, his Physician is an *angel* of peace and mercy; but when this angel of goodness, wants or requires compensation for his services, he is immediately transformed into a *demon* of oppression, avarice and destruction.

With some, the presentation of a medical bill is a signal for departure to another Physician, in whom they too often find a supporter, and one who encourages the practice; willing to work without present reward; content to rise upon the semblence of business, even though it be upon the wreck of professional honour.

There should be in every City, a *regular fee bill*, and each Physician should be bound by his honour, and the honour of the Profession to support that *bill*.

It is not necessary that every patient should be compelled to pay the full amount of such a charge: the poor for instance, should have a discount, according to their ability to pay; but let every charge be uniform, both to the poor and rich.

When a Physician arrives in a city, where he intends settling, he should call on the resident Physicians, for the fee bill of the place; and then in all cases, he should govern his charges by that bill.

This practice was once adopted in Cincinnati; but the stranger too soon found that he was charging higher than his *friend*, who had been so particular in giving him information relative to charges, which were only nominal; that whilst he was charging fifty cents a visit, his kind medical friend was through kindness to his *dear patient's*, charging *eighteen and three-fourth cents*, especially to all *new comers* or new families; whilst their old and safe patients were charged full fees.

Such practice's as these are degrading: they are not professional, but it is making a trade of one of the most dignified and useful of the liberal profession.

Fortunately, this is the worst side of the picture; for there are a few redeeming spirits to be found, nobly contending for the honor and dignity of the profession; such as would suffer from want, detraction and neglect, sooner than sacrifice or degrade their favourite science.

These worthies may, and most probably will suffer for a season, but eventually they will reap the reward of faithfulness, and shine as ornaments, not only to the profession, but to human nature.

There are also medical patrons, who are so nobly constituted by nature, and perfected by education, that they would despise such bartering, speculative conduct in a medical man; and sooner trust the health and lives of their families in the hands of an honest ignorant nurse, than encourage or risk a man of so little regard for his moral and professional standing.

We venture to assert, that no man is more worthy of his fees than a good physician, for no man is more submissive to privations, and that, too often without reward. No man is more censured than the physician, and still no man's assistance is more eagerly sought for, in times of real trouble. In fact, the physician must laugh when others cry—study and think, while others laugh and play—watch, while others sleep—and eat when he can find time. He must smile at insult, cherish the slanderer, court filth, and pocket insult. If he does this with ease and grace, for the first ten years of his professional life, he then may be initiated into the confidence and service of the public; with this express stipulation, that the more patients he loses the more he will have—and the less he studies the more he will be respected—and finally, the sooner he dies, the sooner every body will be his friends.

COMMUNICATED.

I had commenced the study of the science of medicine but a short time, when I began seriously to inquire whether as much judgment and skill were not required in order to determine when medical remedial means should be withheld, as to decide on the proper time for their administration. The more I have reflected on this subject since, and the more experience I have had in the *practice* of the profession of medicine, the greater is my assurance that that important part of medical knowledge which teaches the physician to restrain his labors, receives too little attention. In short, I am perfectly satisfied that great injury has frequently been sustained by the sick, from an improper and officious continuance of medicines, by members of the profession who ought to have known better, when the system, by the force of its own recuperative efforts, would soon have effected an entire restoration of health. Some physicians foolishly think they must be incessantly engaged in some *active* measures for those who employ them. They prepare pills & boluses & powders, &c. which they order to be taken, thereby keeping up a constant state of disease, and countervailing the sanative operations of nature, very much to the disadvantage of their unfortunate patients.

I would not wish to be understood, by any thing said above, as giving encouragement to what is called a *temporizing* course in the practice of physic. Far from it. The Stahlean doctrines, in their full extent, are as pernicious and as much to be guarded against as the opposite extreme. Prompt and energetic measures, early employed and well directed, are those which I admire. They are calculated, particularly in acute diseases, to break up, at once, the existing morbid associations of the system, and, in most instances, they enable *Nature* to manage the case herself with but little subsequent assistance.

The above imperfect remarks were elicited by my reading, in a late number of the N. England Journal, a detailed case in which death followed the imprudent repetition of bloodletting. As the case is an interesting one, the *abstract* of it which follows may be usefully read.

A few days previous to her confinement, Mrs. V. was awaked in the night with a severe pain in her head, which pain was confined to a small spot. It continued for several hours, when she applied to her physician for assistance. He bled her 16 oz. which, with a purgative, afforded her relief. In 6 days afterwards she was confined with a tedious but natural labour, and remained comfortable for two days, when she experienced a return of pain in her head, less severe, however, than the first attack. Shortly after, when she was seen by her medical attendant, she complained of "pain and beating of the head, about the anterior part of the right parietal bone." Hot skin and strong pulse. V. S. 16 oz. a purgative medicine, and an enema. Leeches to the temples. Three hours after, on a second visit of the Doctor, 8 oz. of blood more were taken, which produced faintishness, and an abatement of the symptoms.—The next morning, the surface being hot, with some uneasiness in the head, the bowels having been evacuated, the saline mixture was ordered. At noon, purgative repeated, and a blister applied. In the evening, the pain in the head not so severe, but a beating and rushing sensation, with a teasing irritative & troublesome cough. An anodyne was given, and the next morning Mrs. V. fond herself much relieved, having slept comfortably through the night. The unpleasant feeling in the head, however, continued, together with considerable heat on the surface. In the evening, tenderness in the region of the uterus was discovered. To the proposition of bloodletting she objected, on account of the unpleasant feelings which had followed the previous operation. The next morning, irritative cough was added to the other symptoms, except the tenderness of the uterus which had disappeared. In the evening the physician was consulted, and he drew 16 oz. of blood, ordering her 1 gr. calomel every 3 hours. with the use of the saline mixture. On the following morning the lady was happy to acknowledge a freedom from *all* her unpleasant symptoms. This bleeding having conferred so great a benefit on his patient the physician proposed a repetition of it, which was submitted to, and blood, to the amount of four teacupsful, was taken. This imprudent step was followed by dreadful "*faintings, gasping, open mouth, and a convulsive action of the diaphragm*"—DEATH closing the scene of this unfortunate occurrence in an hour or two.

What must have been the feelings of this physician! Had he followed the dictates of prudence and withheld his lancet, this lady might have been restored to health and to her family.

Yours, &c. M.

Dr. G. Gregory, on the Theory and Practice of Physic, with notes and additions, adapted to the practice of the United States, by Nathaniel Potter, M. D. *Professor of the Practice of Physic, in the University of Maryland;* & S. Colhoun, M. D. *Member of the American Philosophical Society, &c.*

This celebrated work has just been published by Tower & Hogan, Philadelphia; and for sale at the book-store of N. & G. Guilford, *lower Market st. Cincinnati.*

We have this day received the work, and consequently have not perused it. The character of the original, however, is too well known to require comment; and from the distinguished characters and eminent medical standing of Drs. Potter & Colhoun, we have no doubt but that their additions are highly important; especially as they relate to the diseases peculiar to the United states.

[Ed.

In one of the notes on "*Chronic affections of the heart,*" we find the following remarks; and as we have, at this time, some trouble in treating this disease, we are induced to republish and recommend it to the perusal of our patients.

"Rest of body and quietness of mind are two of the chief means which contribute to remove this disease. All quick motion of the body, and more especially walking up ascents, increase the complaint, and should as much as possible be avoided.—Every thing which tends to excite or harass the mind, has the same effect, and should be shunned whenever it is possible. To rest of body and mind should be joined very temperate diet; and when this general plan of management has been continued for many months, or perhaps for a year or two, the disease usually subsides."—*Gregory's Practice of Med.* Vol. II. p. 246.

DR. JAMES M. MASON respectfully tenders his professional services to the citizens generally. His office is on Fourth street, near to Sycamore, and his dwelling is on Sycamore street, a few doors below Fourth, where any calls will be promptly attended to.

DR. WRIGHT has removed his office to the rooms directly over the Apothecaries' Hall, corner of Main and Third streets. Persons having business with him relative to this *Journal*, or those wishing his professional services, will find him at the above place.

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